

## Outpatient Facility Juvenile Data Report

Facility Code: \_\_\_\_\_

**Medical Record # (if applicable)**

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**Service Recipient's Last Name** *(PLEASE PRINT)*

**Soc. Sec. #**    -   -

☐ **Race:** 1=White/Caucasian 2=African American 3=American Indian  
4=Alaskan Native 5=Asian 6=Other \_\_\_\_\_

☐ **Marital Status** 1 = Single 2 = Other

☐ **Court:** 1=Juvenile 2 = Other \_\_\_\_\_

**Nature of proceedings** ☐ Crime: 1=Capital 2=Violent Felony 3=Violent Felony: Sex Offense  
4=Non-violent Felony 5=Misdemeanor 6=Status Offense 7=No Charges  
8=Dependent/Neglect

**Specific Charge(s):** \_\_\_\_\_

Juvenile Court Judge/Referee \_\_\_\_\_

☐ **Request(s)** 1= Competency Only                      2= Insanity Only                      3= Both Competency and Insanity  
4= Evaluation (Diagnosis, treatment, service recommendations, committability) 5= Psychosexual 6=Other

☐ **Type of Service:** 1= Screening 2= Comprehensive

/   /   **Date Court Order Received**
  /   /   **Date of Evaluation**  
mm / dd / yr mm / dd / yr

/   /   **Date Letter Sent to the Court**
  **Number of Days to Complete Evaluation**

**Name(s) of Evaluator(s)** 1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

The reason, if applicable, the evaluation took longer than 30 working days to complete (from the date the court order was received to the date the letter was mailed to the court).

**Previous Evaluation:** Yes ☐ No ☐      **If yes, date of previous evaluation**   /   /    
mm / dd / yr

## RECOMMENDATIONS

**Competent:** ☐ 1=Yes, no follow-up 3=No 5=N/A  
2=Yes, mental health follow-up 4=N/A charges dropped 6=Deferred, referred for further evaluation

**Insanity Defense Supported:** Yes ☐ No ☐ N/A ☐ **Deferred, referred for further evaluation:** ☐

**Committable:** Yes ☐ No ☐ N/A ☐ **Pre-admit Contact:** Yes ☐ No ☐ N/A ☐

**Referred To:** RMHI/Inpatient Facility ☐ MR Facility ☐ No ☐ N/A ☐

**Completed by:** \_\_\_\_\_